

Provider:
Reporting Period:

DSS
Community
Behavioral
Health

SCHEDULE A - EXPENSES

Account Number and Title	Support Services				Program
	Total	Adjustments	Admin and Support	Fund Raising	
1000 PERSONNEL SERVICES:					
1010 Administrative	0				
1020 Professional/Program Staff	0				
1040 Support Staff	0				
1050 Client Wages	0				
1060 Temporary Staff	0				
TOTAL PERSONNEL SERVICES	0	0	0	0	0
1100 PERSONNEL BENEFITS AND TAXES:					
1110 Retirement Plans	0				
1120 Insurance Benefits	0				
1130 Other Benefits	0				
1140 FICA Taxes	0				
1150 Unemployment Insurance	0				
1160 Worker's Comp. Insurance	0				
1170 Prof. Liability Insurance	0				
1190 Other	0				
TOTAL PERSONNEL BENEFITS AND TAXES	0	0	0	0	0
1200 PROF FEES & CONTRACT SVCS:					
1210 Administrative/Financial	0				
1220 Habilitation/Rehabilitation	0				
1230 Medical=	0				
1231 Other Medical (Dental, Dietary, OT, PT, Optometric, Pharmacy, Speech Pathology and Audiology)	0				
1237 Physician/Nursing Services	0				
1238 Psychiatric Services	0				
1290 Other	0				
TOTAL PROF FEES & CONTRACT SVCS	0	0	0	0	0
1300 TRAVEL/TRANSPORTATION:	0				
1390 Other	0				
TOTAL TRAVEL/TRANSPORTATION	0	0	0	0	0
1400 SUPPLIES:					
1440 Food	0				
1490 Other	0				
TOTAL SUPPLIES	0	0	0	0	0
1500 OCCUPANCY:					
1510 Rent of Space	0				
1520 Utilities & Telephone	0				
1590 Other	0				
TOTAL OCCUPANCY:	0	0	0	0	0
1600 EQUIPMENT:	0				
1700 DEPRECIATION:					
1710 Building	0				
1720 Equipment	0				
TOTAL DEPRECIATION	0	0	0	0	0
1800 MISCELLANEOUS:					
1810 Clothing	0				
1860 Bad Debt	0				
1890 Other	0				
TOTAL MISCELLANEOUS	0	0	0	0	0
Expenditure Subtotal	0	0	0	0	0
Admin. and Support Allocation		N/A	0	0	
TOTAL EXPENDITURES	0	0	0	0	0